

In re **William L. Thomas,
Loretta Thomas**Case No. **14-19151**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 464117072964 At&T Mobility 17000 Cantrell Road Little Rock, AR 72223	J	Services				1,308.00
Account No. 4870 Cabela's Club Visa P.O. Box 82519 Lincoln, NE 68501	W	Credit Card				3,635.00
Account No. 0840 Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285	H	Credit Card				2,895.00
Account No. 0418051413 Fifth Third Bank 5050 Kinglsey 1MOC2J Cincinnati, OH 45263	J	Deficiency balance owing on foreclosed property at 156 Dennis Avenue, Browns Mills, NJ 08015				150,000.00
Subtotal (Total of this page)						157,838.00

2 continuation sheets attached

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. 4955	J	Credit Card				2,719.00	
GE Capital Retail Bank P.O. Box 965033 Orlando, FL 32896							
Account No. 151300878544	W	Medical Services				88.00	
Lourdes Medical Center P.O. Box 822112 Philadelphia, PA 19182							
Account No. 60900	W	Medical Services				330.00	
Orthopedic Assoc. of Aquatic Therapy 3735 Easton Nazareth Highway Suite 101 Easton, PA 18045							
Account No.	J					599.00	
Rutgers Student Accounting Services Camden Bursar's Office 311 North 5th Street Camden, NJ 08102							
Account No.	J	Credit Card				695.00	
Sears P.O. Box 6241 Sioux Falls, SD 57117							
Sheet no. 1 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	4,431.00

B6F (Official Form 6F) (12/07) - Cont.

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 0660		W	Credit Card			2,736.00
The Home Depot P.O. Box 653000 Dallas, TX 75265						
Account No. 6015		J	Credit Card			13,107.00
USAA Fed. Svgs. Bank P.O. Box 47504 San Antonio, TX 78265						
Account No.						
Account No.						
Account No.						
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						15,843.00
						Total (Report on Summary of Schedules)
						178,112.00